

NOTIFICATION OF ASSOCIATION NAME CHANGE

Should the Declarant or the Board of Directors legally change the name of the association, it is imperative that the name change be recorded with the Office of the Ombudsman for Common-Interest Communities and Condominiums Hotels to prevent a duplication of associations registered with the Real Estate Division.

This form is to officially notify the Office of the Ombudsman for Common-Interest Communities and Condominium Hotels of a legal name change for the following association. Attached is a copy of the filed and recorded document that has been processed with the Office of the Secretary of State.

Secretary of State entity number: _____ Secretary of State filing date: ____/____/____
For SOS filing information, log onto <http://nvsos.gov/sosentitysearch/CorpSearch.aspx>

(Name of the association as currently registered with the Secretary of State)

was registered with Secretary of State as

(Name of association prior to the change)

Subdivision name(s) for the Association: _____
(For instructions on how to locate the subdivision name, visit http://red.nv.gov/uploadedFiles/rednv.gov/Content/Publications/References/subdivision_search.pdf)

If association belongs to a master planned community, please provide master's name: _____

NOTE: Pursuant to NRS 116.31155(2), all master associations are responsible for payment of the annual unit fee with the Ombudsman for each sub-association unless governing documents provide otherwise; verification required by this office.

Current number of units conveyed: _____ Maximum number of units that may be built: _____

**** Is the association a (check one)** Condominium Cooperative Planned Community Condominium Hotel?

**** If a planned community, indicate which types of units it includes:**

Single Family Dwelling Condominium Townhouse Manufactured Housing Duplex

Name of person completing this form: (print) _____ Title: _____

Person authorized to sign form: Board Member (title: _____) Community Manager (License # _____) Declarant

Signature: _____ Print name: _____ Date signed: ____/____/____

Person signing is attesting to the accuracy of the information provided.

Processed by: _____	Date Processed: _____	Date Received: _____
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